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## BIB DATA SHEET

CONFIRMATION NO. 4103

SERIAL NUMBER	FILING or 371(c) DATE RULE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.	
09/821,615	03/29/2001	705	3626	D01615US (1517.002)	
<b>APPLICANTS</b> Ervin Dennis Walter, Madison, WI; Mukesh Allu, Madison, WI; Scott Andrew Lordi, Madison, WI; Gary Stanton Holmes, North Freedom, WI; Carl David Dvorak, Madison, WI; Joel Erick Rod, Madison, WI; Sumit Singh Rana, Madison, WI; Samit Govind Sureka, Madison, WI;					
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/214,290 06/26/2000					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **</b> 05/08/2001					
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and /KRISTINE K RAPILLO/ Acknowledged Examiner's Signature	<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR            COUNTRY</b> WI	<b>SHEETS            DRAWINGS</b> 10	<b>TOTAL            CLAIMS</b> 44	<b>INDEPENDENT            CLAIMS</b> 2
<b>ADDRESS</b> Epic c/o Boyle Fredrickson S.C. 840 North Plankinton Avenue Milwaukee, WI 53203 UNITED STATES					
<b>TITLE</b> Patient health record access system					
<b>FILING FEE            RECEIVED</b> 1071	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	